PRINTED: 07/10/2008 FORM APPROVED

NAME OF PROVIDER OR SUPPLIER METRO HOMES, INC (CA) ID PREFIX (EACH DEPICIENCE MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION). I 000 INITIAL COMMENTS A Initial licensure survey was conducted on June 25 2008. The findings of the survey were based on observation and interviews with the management staff in the residence and the review of the administrative records. I 052 Each GHMRP shall equip dining areas with tables, chairs, eating utensils, and dishes designed to meet the developmental needs of each resident. This Statute is not met as evidenced by: Based on observation and interview the facility failed to facilitate a client's needs with regards to eating meals at the dinner table. The finding includes: On June 25, 2008 observation of the dining room		OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA. ICENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED			
NAME OF PROVIDER OR SUPPLIER METRO HOMES, INC SUMMARY STATEMENT OF DEFICIENCIES WASHINGTON, DC 20019	09G219			er, 1971 ser, 1971 - 1971	B. WING		06/25/2008			
WASHINGTON, DC 20019 (XA) ID PREFIX TABLE SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION SHOULD BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY PROVIDER'S PLAN OF CORPET DEFICIENCY PROVIDER'S PLAN OF CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY PROVIDER'S PLAN OF CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY PROVIDER'S PL	NAME OF PROVIDER OR SUPPLIER STREET AD									
PREFIX TAG (EACH DEPICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 1 000 INITIAL COMMENTS A initial licensure survey was conducted on June 25 2008. The findings of the survey were based on observations at the group home and interviews with the management staff in the residence and the review of the administrative records. 1 052 Each GHMRP shall equip dining areas with tables, chairs, eating utensils, and dishes designed to meet the developmental needs of each resident. This Statute is not met as evidenced by: Based on observation and interview the facility failed to facilitate a client's needs with regards to eating meals at the dinner table. The finding includes: On June 25, 2008 observation of the dining room										
A initial licensure survey was conducted on June 25 2008. The findings of the survey were based on observations at the group home and interviews with the management staff in the residence and the review of the administrative records. 1052 3502.10 MEAL SERVICE / DINING AREAS Each GHMRP shall equip dining areas with tables, chairs, eating utensils, and dishes designed to meet the developmental needs of each resident. This Statute is not met as evidenced by: Based on observation and interview the facility failed to facilitate a client's needs with regards to eating meals at the dinner table. The finding includes: On June 25, 2008 observation of the dining room	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL			PREFIX	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP	CTIVE ACTION SHOULD BE COMPLETE NCED TO THE APPROPRIATE COMPLETE			
on observations at the group home and interviews with the management staff in the residence and the review of the administrative records. I 052 3502.10 MEAL SERVICE / DINING AREAS Each GHMRP shall equip dining areas with tables, chairs, eating utensils, and dishes designed to meet the developmental needs of each resident. This Statute is not met as evidenced by: Based on observation and interview the facility failed to facilitate a client's needs with regards to eating meals at the dinner table. The finding includes: On June 25, 2008 observation of the dining room	1 000	INITIAL COMMENTS			1 000	08 JU				
Each GHMRP shall equip dining areas with tables, chairs, eating utensils, and dishes designed to meet the developmental needs of each resident. This Statute is not met as evidenced by: Based on observation and interview the facility failed to facilitate a client's needs with regards to eating meals at the dinner table. The finding includes: On June 25, 2008 observation of the dining room		25 2008. The finding on observations at interviews with the residence and the residence and the residence.	ngs of the survey wer the group home and management staff in	re based the			T F:	REGULATION OF THE PROPERTY OF		
tables, chairs, eating utensils, and dishes designed to meet the developmental needs of each resident. This Statute is not met as evidenced by: Based on observation and interview the facility failed to facilitate a client's needs with regards to eating meals at the dinner table. The finding includes: On June 25, 2008 observation of the dining room I 052 The facility has acquired the dining table with 6 chairs.	1 052	3502.10 MEAL SERVICE / DINING AREAS			1052			-		
Based on observation and interview the facility failed to facilitate a client's needs with regards to eating meals at the dinner table. The finding includes: On June 25, 2008 observation of the dining room The facility has acquired the dining table with 6 chairs.		tables, chairs, eating designed to meet the	ig utensils, and dishe	es						
On June 25, 2008 observation of the dining room		Based on observati failed to facilitate a	ion and interview the client's needs with re	facility	a a	The facility has acquired the	e dining	6/30/08		
		The finding includes:								
area revealed that the facility's management failed to purchase a dining room table and chairs for the client's use during meals. According to the CEO, the dining room furniture will be delivered in a couple of days.		area revealed that the failed to purchase a for the client's use of the CEO, the dining	the facility's manager a dining room table a during meals. Accort g room furniture will b	ment nd chairs ding to		·				
Note: A post survey visit was conducted on June 27, 2007 to confirm that dining room furniture had been delivered to the facility. There was no evidence that dining room table and chairs had not been delivered for the residents to use.		27, 2007 to confirm been delivered to the evidence that dining	that dining room fur ne facility. There was groom table and cha	niture had s no airs had						
1 082 3503.10 BEDROOMS AND BATHROOMS 1 082	1 082	2 3503.10 BEDROOM	MS AND BATHROO	MS	1 082					
Each bathroom that is used by residents shall be equipped with toilet tissue, a paper towel and cup Health Regulation Administration (X0) DATE (X0) DATE	Health Reov	equipped with toilet	tissue, a paper towe	and cup	0					

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

91YT11

PRINTED: 07/10/2008 FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED				
09G219			B. WING			5/2008			
NAME OF PROVIDER OR SUPPLIER STREET ADD				DRESS, CITY, STATE. ZIP CODE					
METTO HOMES INC				STREET, NE GTON, DC 20019					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION : CROSS-REFERENCED TO THE A DEFICIENCY)	TION SHOULD BE COMPLETE THE APPROPRIATE DATE			
1 082	Continued From page 1 dispenser, soap for hand washing, a mirror and adequate lighting.			1082	·				
	This Statute is not Based on observati GHMRP failed prop	met as evidenced by lons and interview at berly equip each bath ns to meet each resid	the room with		I 082 All bathrooms have been with paper towels, , toilet cups with cup dispenser.	equipped paper and	6/30/08		
The findings include:				1					
	During the environmental walk-through on June 27, 2006 at approximately 2:00 PM revealed the following; 1. Bathroom #1 did not have any soap for hand washing, paper towels, cups and cup dispenser.								
						:			
	2. Bathroom #2 did not have any soap for hand washing, paper towels, cups and cup dispenser.			ı					
1 090	3504.1 HOUSEKEEPING		1 090						
	The interior and exterior of each GHMRP shall be maintained in a safe, clean, orderly, attractive, and sanitary manner and be free of accumulations of dirt, rubbish, and objectionable odors.								
	Based on observation of the interior as was maintained in a attractive, and sanit accumulations of diodors.	met as evidenced by on, the GHMRP faile and exterior of the Glasafe, clean, orderly, ary manner and be firt, rubbish, and object.	d to HMRP ree of			·			
	The findings include ation Administration]							
ieann Keaul	AUUN AOMINISUMION								



METRO HOMES, INC.

6856 Eastern Avenue, NW., Suite 376

Washington, D.C. 20012

TEL: (202) 829-1707 Fax: (202) 829-0616

Email: NGatehomes@aol.com

METRO WASTE 8215 Grey Eagle Drive Upper Marlboro, MD 20772

Attn: Carlette

Fax: 301-669-1829

July 2, 2008

Dear Carlette,

As per our conversation today July 2, 2008, I am respectfully requesting you to add our new house to our Metro Homes, Inc. account. Our new home is located at $615\ 55^{th}$ Street NE Washington, DC 20019.

We would like to have three (3) 95 gallon Totters delivered to the property and put on the schedule for weekly trash pick up. It is to my understanding that the next scheduled day of trash pick up in that area would be Monday, I am requesting that you schedule us for a emergency trash pick up as soon as you can.

Thank you in advance for your help in this matter. I look forward to hearing from you to arrange the scheduled date and time of the emergency pick up at the 615 location.

Sincerely,

Jackie Ugo

202-829-1707 ext 10



METRO HOMES, INC.

6856 Eastern Avenue, NW., Suite 376 Washington, D.C. 20012

> TEL: (202) 829-1707 Fax: (202) 829-0616

Email: NGatehomes@aol.com

July 15, 2008

Pat VanBuren
Department of Health and Human Services
Intermediate Care Facilities Division
825 North Capitol Street NE 2nd Floor
Washington, DC 20002

Dear Ms. VanBuren,

Attached you will find our plan of corrections for 615 55th Street NE Washington, DC 20019 (Juliet House). If any other additional information is needed please contact me at the above mentioned number.

Sincerely,

Susan Sloan

Vice President of Operations

cc: Mark Clark, Quality Assurance Compliance Specialist Shelia Pannell, Supervisor DOH

Sharon Mebane, DOH